

Docket No. 1567/66364/JPW/MVM

1654/JPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): Hermona Soreq et al.Serial No. : 09/998,042 Examiner: B. Dell ChismFiled : November 30, 2001 Group Art Unit: 1654For : ACETYLCHOLINESTERASE-DERIVED PEPTIDES AND USES THEREOF

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: June 6, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	64	* 65 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	5	** 5 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Amendment Transmittal Letter
Page 2

The following are also enclosed:

X One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No _____)

and a fee of \$ included)

 X A Petition for an Extension of Time, including a fee of
\$ 225.00 for a Petition for 2 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 225.00

X A check in the amount of \$ 225.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____


X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

<u>X</u>	Fees under 37 C.F.R. §1.16 for the presentation of extra claims
	Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

John P. White Date
Req. No. 28,678


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